

# KAMMCO

Kansas Medical Mutual Insurance Company  
KAMMCO Casualty Company, Inc.

## Election of Payment Form

Kansas Medical Mutual Insurance Company and KAMMCO Casualty Company, Inc. (KAMMCO) is pleased to provide our insureds with three (3) payment options.

Choose one payment option from the list below.

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Option 1. **Payment-in-Full/Credit**

If I elect to purchase insurance from KAMMCO as evidenced by payment of premium, I agree to pay the total premium due to KAMMCO by no later than the date of the inception or renewal of the annual Policy. I understand a credit in the amount of one (1) % of the annual KAMMCO Primary Coverage Premium will be applied, which will reduce the amount due) if I elect Option 1.

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Option 2. **Third-Party Financing — [New Bank Partner for 2026](#)**

If I elect to purchase insurance from KAMMCO as evidenced by payment of premium, I agree to pay the total premium due to KAMMCO and may use third-party financing. See new [CoreFirst Bank & Trust](#) packet for additional information. I understand a credit in the amount of one (1) % of the annual KAMMCO Primary Coverage Premium will be applied (which will reduce the amount due) if I elect Option 2.

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Option 3. **Installment — [Updated Payment Schedule](#)**

If I elect to purchase insurance from KAMMCO as evidenced by payment of premium, I agree to pay the total premium due to KAMMCO in four equal installments. Each installment will be due beginning on the date of the inception or renewal of the annual Policy, and, every consecutive quarter thereafter through the term of the Policy. KAMMCO will provide a minimum of ten (10) days written notice prior to any cancellation of the Policy due to a non-payment of any installment. **Please note, the option for installments is only available for the amount due KAMMCO for primary coverage. The premium due for Cyber Liability Coverage and the amount due to the Kansas Health Care Stabilization Fund must be paid in full by no later than the annual inception or renewal of the Policy. [Quarterly installments will be scheduled for the 25th of the month unless otherwise noted.](#)**

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**Regardless of which option is chosen, KAMMCO will send the insured an invoice itemizing the amount due and date due.**

Please provide responses to the following **(responses to all fields are required.)**

Facility / Organization Name: \_\_\_\_\_

Name (First, MI, Last): \_\_\_\_\_

Title: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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**Signature**

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**Date of Signature**



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Topeka, KS 66612  
1.800.232.2259  
[www.kammco.com](http://www.kammco.com)

## Authorization Agreement for Installment Collection

Complete this form only if **both** of the following are true:

1. You chose **Installment Option (Option 3)** on the **Election of Payment form**.
2. You **have not** provided this information to KAMMCO previously.



### CONTACT INFORMATION

Company or Individual Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### BILLING ADDRESS

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### ACCOUNT INFORMATION

Account Type:      Checking      Savings

Customer's Account Number: \_\_\_\_\_ Customer's Bank Routing Number: \_\_\_\_\_

I hereby authorize KAMMCO to initiate debit entries to my account indicated above at the depository financial institution named above, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

All quarterly payments made by ACH debit will be scheduled for the 25th of the month, unless otherwise notified. If the scheduled date falls on a weekend or holiday, the payment will be processed on the prior business day.

This authorization allows KAMMCO to debit funds based on the selecting of the **Installment option** (Option 3) on the **Election of Payment form**, plus any endorsements added to the policy mid-year.

I understand I will only be able to pay in quarterly installments by signing this document and agreeing to have KAMMCO debit my account. Failure to pay or lack of sufficient funds in the designated account to allow an ACH debit will constitute non-payment of premium. Cancellation procedures for non-payment of policy premium will be implemented according to the policy document.

This authorization is to remain in full force and effect until KAMMCO has received written notification from the authorized signer of its termination at such time and in such manner as to afford KAMMCO and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: ALL WRITTEN AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**(Please attach a copy of a voided check along with this completed form.)**